

Washington State Planning Grant on Access to Health Insurance Private Payer Questionnaire

Name of Payer: _____ Contact Person: _____ Title of Contact: _____

Telephone Number: _____ Fax Number: _____ Email Address: _____

1. Please provide the following information about your private clientele in the State of Washington.

	Private Products Your Organization Insures				Private Products Your Organization Administers Only			
	Individual Products	Small Group Products	Large Group Products		Individual Products	Small Group Products	Large Group Products	
			Insured	Self-Insured			Insured	Self-Insured
Number of private benefit packages or plan designs								
Number of plan sponsors ¹	N/A				N/A			
Number of subscribers								
Covered members								
▪ With no other insurance								
▪ With other insurance								
▪ Total								
Names of largest private benefit package/plan sponsors	N/A				N/A			

¹ E.g., private employers.

2. On what basis does your organization define a “plan” or “product” as separate from other plans or products? *(Please check all applicable responses.)*

- ☐ Unique benefit package
- ☐ Separate plan sponsor(s)
- ☐ Specific other features (e.g., access to restrictive provider networks in certain locations)
- ☐ Other *(Please specify.)*

3. What mechanisms does your organization use to identify different private plans? *(Please check all applicable responses.)*

- ☐ Unique plan identifiers (ID codes)
- ☐ Separate contracts
- ☐ Dedicated account representatives or teams
- ☐ Other *(Please specify.)*

4. What services are generally not included as covered benefits in private products? *(Please check all applicable responses.)*

Services Generally Not Covered (Excluded)	Individual Products	Small Group Products	Large Group Products	
			Insured	Self-Insured
Basic vision benefits				
Care provided by relatives or household members				
Care that is the responsibility of another party, or covered under workers compensation				
Governmental services or services covered by (other) governmental plans				
Cosmetic services				
Dental care				
Experimental services				
Infertility-related care				
Private nursing				
Rental or purchase of luxury durable medical equipment				
Special education				
Other <i>(Please specify.)</i>				

5. Please show the most common non-prescription drug benefit features included in your private plans:

	Individual Products			Small Group Products			Large Group Products					
	First Most Common	Second Most Common	Third Most Common	First Most Common	Second Most Common	Third Most Common	Insured			Self-Insured		
							First Most Common	Second Most Common	Third Most Common	First Most Common	Second Most Common	Third Most Common
Deductibles												
▪ Per individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Per family	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Coinsurance levels	%	%	%	%	%	%	%	%	%	%	%	%

	Individual Products			Small Group Products			Large Group Products					
							Insured			Self-Insured		
	First Most Common	Second Most Common	Third Most Common	First Most Common	Second Most Common	Third Most Common	First Most Common	Second Most Common	Third Most Common	First Most Common	Second Most Common	Third Most Common
Copays												
▪ Office visit	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Hospital admission	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Other <u>non-drug</u> (Please specify.)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Internal plan limits on days, visits, procedures, dollars or other												
▪ Mental health care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Chemical dependency care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Home health care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Skilled nursing facility care	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Rehabilitation services	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Other <u>non-drug</u> (Please specify.)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Plan maximums (per lifetime)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Annual out-of-pocket limits												
▪ Per individual	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
▪ Per family	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

6. What are your most frequent prescription drug cost-sharing approaches in private plans?

Private Plans	Individual Products		Small Group Products		Large Group Products			
	In-Network	Out-of-Network	In-Network	Out-of-Network	Insured		Self-Insured	
					In-Network	Out-of-Network	In-Network	Out-of-Network
Five most common cost-sharing arrangements (indicate brand vs. generic; formulary vs. non-formulary)								
▪ First								
▪ Second								
▪ Third								
▪ Fourth								
▪ Fifth								

7. What are your most frequent in- and out-of-network benefit differentials in private plans?

Private Plans	Individual Products		Small Group Products		Large Group Products			
	In-Network	Out-of-Network	In-Network	Out-of-Network	Insured		Self-Insured	
					In-Network	Out-of-Network	In-Network	Out-of-Network
A. Five most common coinsurance arrangements (e.g., 90%/70%)	e.g., 90%	e.g., 70%						
– First								
– Second								
– Third								
– Fourth								
– Fifth								

Private Plans	Individual Products		Small Group Products		Large Group Products			
	In-Network	Out-of-Network	In-Network	Out-of-Network	Insured		Self-Insured	
					In-Network	Out-of-Network	In-Network	Out-of-Network
B. Five most common copay arrangements (e.g., \$10/\$25)	e.g., \$10	e.g., \$25						
– First								
– Second								
– Third								
– Fourth								
– Fifth								

8. Please outline your primary gatekeeper (utilization management) requirements, and the types of benefits affected. *(Please check all applicable items.)*

Private Plans	Individual Products <i>e.g., mandatory pre-admission certification</i>	Small Group Products	Large Group Products	
			Insured	Self-Insured <i>e.g., voluntary case management</i>
Hospitalization				
Selected diagnosis				
Selected treatment				
Non-formulary				
Other <i>(Please specify.)</i>				

9. With regard to your private group plans, please provide your minimum underwriting rules for insured groups.

Private Plans	Small Group (Insured)	Large Group (Insured)
Minimum number of hours employees must work to qualify for coverage	_____ hours per week	_____ hours per week
Minimum employer contribution toward employee coverage	_____ %	_____ %
Minimum employer contribution toward dependent coverage	_____ %	_____ %
Other (please summarize)		

10. What, if any are the major distinguishing features of private plans you offer in different parts of Washington?

Private Plans	Individual	Small Group	Large Group	
			Insured	Self-Insured
Northwest Washington				
Seattle Area				
Southwest Washington				
Northeast Washington				
Spokane Area				
Southeast Washington				

11. From your organization's perspective, what are the reasons certain features, and variations among them, become commonplace or unusual? (*1=most important reason, 2=second most important reason, etc.*)

- Insurance mandates _____
- Marketplace demands _____
- Ease in administration _____
- Ease in communicating _____
- Other (*Please specify.*) _____
- _____
- _____

We ask that you please forward the following with your completed questionnaire no later than November 16, 2001 to:

Florence Katz
William M. Mercer, Incorporated
600 University Street, Suite 3200
Seattle, WA 98101

- Sample plan element worksheet (listing of benefits) used by your underwriters and actuaries to price plans.
- Sample plan implementation worksheets used to define or program adjudication rules (both manual and automatic).
- A rate sheet and associated benefit summary for your *individual* market plan:
 - Of highest benefit value with significant enrollment
 - With the highest enrollment
 - Of lowest benefit value with significant enrollment.
- A rate sheet and associated benefit summary for your *small group* market plan:
 - Of highest benefit value with significant enrollment
 - With the highest enrollment
 - Of lowest benefit value with significant enrollment.

Thank you for your cooperation. If you have any questions, please contact Florence Katz at 206 808 8469 or florence.katz@us.wmmercer.com.